

EXHIBIT "D"

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Fortress Steel Service, Inc.
c/o James D. Heisman, Esquire
Connolly, Bove, Lodge & Hutz, LLP
1007 N. Orange Street
P.O. Box 2207
Wilmington, DE 19899

2. Article Number
(Transfer from service label)

7004 2890 0000 6554 7193

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *A. Sign* ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
A. Sign *4-25*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:
Union Wholesale Company
c/o James D. Heisman, Esquire
Connolly, Bove, Lodge & Hutz, LLP
1007 N. Orange Street
P. O. Box 2207
Wilmington, DE 19899

2. Article Number
(Transfer from service label)

7004 2890 0000 6554 7179

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Bryan Farmer* ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Bryan Farmer

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:
J. E. Berkowitz, L.P.
c/o Theodore J. Tacconelli, Esquire
Ferry, Joseph & Pearce, P.A.
824 Market Street, Suite 904
P. O. Box 1351
Wilmington, DE 19899

2. Article Number
(Transfer from service label)

7004 2890 0000 6554 7186

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Active Industries, Inc.
 c/o Theodore J. Tacconelli, Esquire
 Ferry, Joseph & Pearce, P.A.
 824 Market Street, Suite 904
 P. O. Box 1351
 Wilmington, DE 19899

2. Article Number

(Transfer from service label)

7004 2890 0000 6554 7155

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Benjamin Pearce☐ Agent☐ Addressee

B. Received by (Printed Name)

Benjamin Pearce

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

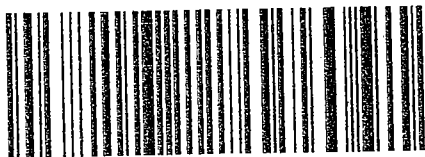
3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

CERTIFIED MAIL



7004 2890 0000 6554 7162

☐ A ☐ INSUFFICIENT ADDRESS
☐ C ☐ ATTEMPTED NOT KNOWN
☐ S ☐ NO SUCH NUMBER/ STREET
☐ NOT DELIVERABLE AS ADDRESSED
☐ - UNABLE TO FORWARD

OTHER

RTS
RETURN TO SENDER

Refused
203

nc One Building Corporation
01 Governor Printz Boulevard
ilmington, DE 19802

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

☐ A ☐ INSUFFICIENT ADDRESS
☐ C ☐ ATTEMPTED NOT KNOWN
☐ S ☐ NO SUCH NUMBER/ STREET
☐ NOT DELIVERABLE AS ADDRESSED
☐ - UNABLE TO FORWARD

OTHER



COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
☐ Addressee

X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7004 2890 0000 6554 7162